

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09781698
FILING DATE
02-13-01
APPLICANT(S)

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1	1			
2	1			
3	1			
4	1			
5	1			
6	1			
7	1			
8	1			
9	1			
10	1			
11	1			
12	1			
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49				
50				
TOTAL IND.	2			
TOTAL DEP.	11			
TOTAL CLAIMS	13			

CLAIMS	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						